

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	IN		06/18-01
<b>O.I.P.E. CLASSIFIER</b>		12	6/27
<b>FORMALITY REVIEW</b>	mu	10YU	8-09-01
<b>RESPONSE FORMALITY REVIEW</b>			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	
2	2	2	
3	3	0	
4	4	✓	
5	5	0	
6	6	0	
7	7	0	
8	8	✓	
9	9	✓	
10	10	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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